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AF/2800r

Attorney Docket No.: 01CON279P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Megahed, et al.

SERIAL NO.: 10/016,309 FILED: November 2, 2001

FOR: An Off-Chip Inductor

HONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☐ TOTAL EXTENSION FEE \$ _____

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

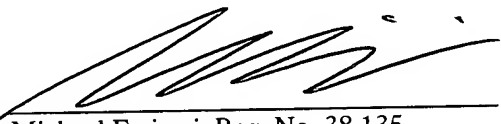
	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	20	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ _____

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$_____ (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date: 10/30/03

By: 
Michael Farjami, Reg. No. 38,135

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Mail Stop AF, P.O. Box 1450, Alexandria, VA 22313-1450

Date of Deposit: 10/30/03

Lori Llave
Name of Person Mailing Paper and/or Fee

Lori Llave 10/30/03
Signature Date

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): **Megahed, et al.**

Group Art Unit: 2827

Application Serial No.: **10/016,309**

Examiner: CHAMBLISS, A.

Filed: **November 2, 2001**

Title: **An Off-Chip Inductor**

RESPONSE TO FINAL REJECTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *final rejection* dated August 13, 2003, in the above-referenced patent application. Reconsideration and allowance of pending claims 1-20 in view of the following remarks are respectfully requested.